

COURSE CERTIFICATE OF COMPLETION
**STATE & LOCAL GOVERNMENT
CONFLICT OF INTERESTS ACT**
AND
ETHICS IN PUBLIC CONTRACTING ORIENTATION

FOR
STATE FILERS

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and Ethics in Public Contracting

[Empty text box for Name]

NAME

[Empty text box for Agency]

AGENCY

[Empty text box for Date course completed]

Date course completed

[Empty text box for Position]

POSITION

[Empty text box for Signature]

SIGNATURE

[Empty text box for Date]

Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.